

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mobil Producing Texas & New Mexico, Inc.

Address Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter oil:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

Effective 1-1-85

If change of ownership give name and address of previous owner Superior Oil Company, The, P. O. Box 3901, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sims	Well No. 1	Pool Name, including Formation South Bell Lake Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No. NA
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>24S</u> Range <u>33E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Koch Oil Company of Texas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13
	Twp. 24S	Rge. 33E
	Is gas actually connected? Yes	
	When 12-15-81	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



C. R. Sessions

Authorized Agent
(Title)December 26, 1984
(Date)

OIL CONSERVATION DIVISION

JAN - 2 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filled for each pool in multiple completed wells.

RECEIVED

DEC 31 1984

C.C.D.
HOBBS OFFICE